



Beneficiary Designation and Change Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company

Group Insurance • B2-4256 • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Policy number 50166	Insured
Insured's telephone number ()	State employee ID or contract number

Print owner's name and address below. New address ☐

INSTRUCTIONS:

1. Print or type in the space below, the full name, relationship to the insured and share % of each beneficiary to be named.
2. Sign and date the completed form and return it to Minnesota Life using the above address or by fax to 651-665-4827.
3. Call 1-877-215-1489 with questions.

CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally unless otherwise specified. "Children," used without modification, includes only lawful bodily issue of first generation and legally adopted person. Right is reserved to revoke and change any beneficiary not designated irrevocable. Any policy requiring policy endorsement is waived. This designation, when acknowledged by the Company at its Home Office, is in lieu of endorsement.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary.

PRIMARY BENEFICIARY(IES)		(see examples on following page)
Beneficiary Full Name & Address	Relationship	Share % (must total 100%)

CONTINGENT BENEFICIARY(IES)		
Beneficiary Full Name & Address	Relationship	Share % (must total 100%)

SIGNATURE	
Policyowner's signature X	Date

EXAMPLES OF BENEFICIARY DESIGNATIONS

Example 1: If only one person is to receive the proceeds.

	Beneficiary Full Name & Address	Relationship to Insured	Share %
Primary	Mary Doe	Daughter	100%

Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.

	Beneficiary Full Name & Address	Relationship to Insured	Share %
Primary	Jane Doe	Wife	100%
Contingent	The then living child or children born of the Insured's marriage with the said Jane Doe.		

Example 3: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds equally, if the primary beneficiary is deceased.

	Beneficiary Full Name & Address	Relationship to Insured	Share %
Primary	Jane Doe	Wife	100%
Contingent	Nancy Doe	Sister	50%
Contingent	Jim Doe	Father	50%

Example 4: The primary beneficiaries are to receive the proceeds first, followed by contingent beneficiary if all primary beneficiaries are deceased.

	Beneficiary Full Name & Address	Relationship to Insured	Share %
Primary	Jack Doe	Brother	50%
Primary	Jane Doe	Sister	50%
Contingent	Jim Doe	Father	100%

Example 5: If beneficiary is a formal trust.

	Beneficiary Full Name & Address	Relationship to Insured
Primary	John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement . Executed by the insured on June 1, 1991.	

DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.